

Recipient Committee
Campaign Statement
Cover Page

COVER PAGE

CALIFORNIA FORM 460

Date Stamp

City Clerk's Office

AUG 03 2021

RECEIVED

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SEE INSTRUCTIONS ON REVERSE

Statement covers period
from Jan 01, 2021
through Jun 30, 2021

Date of election if applicable:
(Month, Day, Year)
Nov 3, 2020

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall
(Also Complete Part 5)
- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee
- ☐ Primarily Formed Ballot Measure Committee
☐ Controlled
☐ Sponsored
(Also Complete Part 6)
- ☐ Primarily Formed Candidate/Officeholder Committee
(Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
☒ Semi-annual Statement
☐ Termination Statement
(Also file a Form 410 Termination)
☐ Amendment (Explain below)
- ☐ Quarterly Statement
☐ Special Odd-Year Report

3. Committee Information

I.D. NUMBER

1430945

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLTAIRE S. MONTEMAJOR FOR MILPITAS
CITY MAYOR 2020

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

LINA H. MONTEMAJOR

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS CA 95035

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8-3-21
Date

Executed on 8-3-21
Date

Executed on
Date

Executed on
Date

By _____ Assistant Treasurer

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (Jan/2016)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

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Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

VOLTAIRE S. MONTEMAYOR

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

MAYOR

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

MILPITAS CA 95035

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME

VOLTAIRE S. MONTEMAYOR
FOR MILPITAS CITY MAYOR 2020

I.D. NUMBER

1430945

NAME OF TREASURER

LINA H. MONTEMAYOR

CONTROLLED COMMITTEE?

☒ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MILPITAS

CA

95035

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLTAIRE S. MONTEMAJOR FOR MILPITAS CITY MAYOR 2020

Statement covers period

from Jan 01, 2021

through Jun 30, 2021

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I.D. NUMBER

1430945

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 0
4. Nonmonetary Contributions	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0	\$ 0

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received	\$	\$
21. Expenditures Made	\$	\$

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 294.45	\$ 294.45
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 294.45	\$ 294.45
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	0
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 294.45	\$ 294.45

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date

1/1	\$
1/1	\$
1/1	\$
1/1	\$
1/1	\$
1/1	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 294.45
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	294.45
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 0

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 0

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period from <u>Jan 01 2021</u> through <u>Jun 30 2021</u>	SCHEDULE E CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLTAIRE S. MONTEMAJOR FOR MILPITAS CITY MAYOR 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airline and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL i.v. or cable airline and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SECRETARY OF STATE, CA. - POLITICAL REFORM 1500 11TH STREET ROOM 495 SACRAMENTO, CA. 95814	PRO	Annual Fee; FORM 410-FPPC #1430945	\$50.00
SECRETARY OF STATE, CA. - POLITICAL REFORM 1500 11TH STREET RM 495 SACRAMENTO CA. 95814	PRO	LATE PAYMENT - PENALTY	\$150.00
CITY OF MILPITAS, Milpitas CA. 95035		LATE FILING FEE - FORM 460 PENALTY	\$ 40.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 240.00

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 150.00
- Unitemized payments made this period of under \$100 \$ 144.45
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 294.45

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from <u>Jan 01 2021</u> through <u>Jun 30 2021</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

VOLTAIRE S. MONTEMAYOR FOR MILPITAS CITY MAYOR 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VOLTAIRE S. MONTEMAYOR FOR MILPITAS CITY MAYOR 2020 MILPITAS, CA. 95035		FUEL-GAS, etc. - Over 911 Personally Traveled or drove to SACRAMENTO CA. TO FILE FORM 410 FOR FPPC # 1430945 AT THAT TIME: IT WAS SLOW- COVID 19 AFFECTED PROCESSING	\$54.45

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 54.45 22

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC